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ATTORNEY DOCKET NO. 501872-999098

Date: March 12, 2004

Commissioner for Patents  
P.O. Box 1450  
Mail Stop PATENT APPLICATION  
Alexandria, VA 22313-1450

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Man et al. Executed on: unexecuted  
Title of Invention: N-ALKYL-HYDROXAMIC ACID-ISOINDOLYL COMPOUNDS AND THEIR  
PHARMACEUTICAL USES

**PATENT APPLICATION FEE VALUE**

TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	26	- 20	6	\$18.00 each	\$ 108
Independent	3	- 3	0	\$86.00 each	\$ 0
Minimum Fee					\$ 770
Multiple Dependency Fee If Applicable (\$290.00)					\$ 0
<b>Total</b>					\$ 878
Applicant qualifies for the 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern					\$ 0
<b>Total Filing Fee</b>					\$ 878

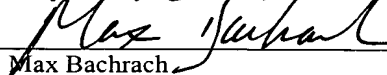
☐ **DO NOT PUBLISH.** I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

☒ Priority of application no. 60/454,149 filed on March 12, 2003 is claimed under 35 U.S.C. § 119.

☐ The certified copy of the priority application has been filed in application no. filed on .

Please charge the required fee to Deposit Account 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

  
Max Bachrach  
JONES DAY

45,479  
Reg No.

For: Anthony M. Insogna (Reg. No. 35,203)

Enclosure

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.



13281

U.S. PTO

Please type a plus (+) inside this box

+

PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	501872-999098	Total Pages	86
First Named Inventor or Application Identifier			
Hon-Wah Man			
Express Mail Label No.	??		

**APPLICATION ELEMENTS**

See MPEP chapters 600 concerning utility patent application contents.

Address to:

**Commissioner for Patents****P.O. Box 1450****Mail Stop PATENT APPLICATION****Alexandria, VA 22313-1450**

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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims Small Entity status, see 37 C.F.R. § 1.27</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 82 ]<br/>(preferred arrangement set forth below, MPEP 1503.01)</p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R&amp;D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description of the Invention (including drawings, if filed)</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets ]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Sheets 2 ]</p> <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Unexecuted (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)</li><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li><li>b. <input type="checkbox"/> Specification Sequence Listing on:<ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> paper</li></ul></li><li>c. <input type="checkbox"/> Statement verifying identity of above copies</li></ul> |
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**ACCOMPANYING APPLICATION PARTS**

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| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>(if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(i). Applicant must attach form PTO/SB/35 or it's equivalent</p> <p>17. <input type="checkbox"/> Other:</p> |
|--|

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) | of prior application No.: filed

Prior application information:

Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number

20582

Insert Customer No.

or ☐ Correspondence address below

NAME			
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.